

FILED
Apr 27, 2006 8:00 am
Secretary of State



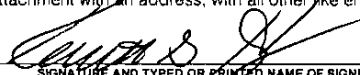
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03262006 Chg-P CR2E034 (11/05)

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000058450			
1. Entity Name KG HARDY AND ASSOCIATES, INC.			
Principal Place of Business 3611 BLACK JACK CT LAKE WALES, FL 33853		Mailing Address 3611 BLACK JACK CT LAKE WALES, FL 33853	
2. Principal Place of Business 3611 Black Jack Ct. Suite, Apt. #, etc.		3. Mailing Address 3611 Black Jack Ct. Suite, Apt. #, etc.	
City & State Lake Wales, FL 33898-8997		City & State Lake Wales, FL 33898-8997	
Zip 33898-8997	Country USA	Zip 33898-8997	Country USA
4. FEI Number 59-3722756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDY, KENNETH G 3611-BLACK JACK CT LAKE WALES, FL 33853		7. Name and Address of New Registered Agent Name Hardy, Kenneth G. Street Address (P.O. Box Number is Not Acceptable) 3611 Black Jack Ct. City Lake Wales FL Zip Code 33898-8997	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4/1/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HARDY, KENNETH G 3611 BLACK JACK CT LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lake Wales, FL 33898-8997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARDY, MILDRED M 3611 BLACK JACK CT LAKE WALES, FL 33853 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4/1/06 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			